



## RECREATION DEPARTMENT

*The Heart of the Neighborhood*

[www.chulavista.ca.gov/rec](http://www.chulavista.ca.gov/rec)



# YOUTH COED BASKETBALL LEAGUE 2009 - 2010

## GENERAL INFORMATION

The Youth Winter Basketball League are Recreation Center based. Games will be played on a West (Parkway & Otay) and East (Monteville, Salt Creek, & Veterans) basis. Each center is responsible for effectively operating a self sufficient league. For example, Monteville will have Monteville teams and Parkway will have Parkway teams, etc.

For consistency and fairness, children participating in the league must sign up according to their home address zip code. If questions regarding residency take place, we will verify addresses by asking parents to show a utility bill. Veterans Park is actually in the 91911 zip code, so children attending Parkview, Greg Rogers, & Hedenkamp Elementary Schools will play at Veterans.

### The zip code breakdown is as follows:

#### West Section

Parkway – 91910, 91950 (National City), 92139 (San Diego).  
Otay – 91911, 91932 (Imperial Beach), & 92154 (South San Diego)

#### East Section

Monteville – 91914 & 91902 (Bonita)  
Salt Creek – 91915

Veterans – 91913, Parkview, Greg Rogers, Hedenkamp  
Elementary Schools

The teams in the west section will play each other during the regular season as will the east section teams. Coaches and their children will practice at the center of their zip codes and their games will be played at the different centers within their section. Coaches who coach their own relatives must coach in the zip code of the child. Coaches who don't have relatives in the league, may coach wherever they want.

Request for children to be placed on the same team for car pool reasons and requests for specific coaches and practice days cannot be honored.

## REGISTRATION INFORMATION

### Mail-In Registration

September 21 - October 3

Registration postmarked before September 21 or after October 3 will NOT be accepted, and will be returned by mail. Space is limited, so register as soon as possible. Once the league is filled, a waiting list will be established to fill vacant sports on established teams.

Mail to:

Recreation Department  
ATTN: Steve Scott / Youth Basketball  
276 Fourth Avenue, MS R-109  
Chula Vista, CA 91910

### Walk-In Registration: (if openings are available)

October 12 - 24 or until leagues are full.

#### West Section

Parkway: 385 Park Way  
Otay: 3554 Main Street

#### East Section

Monteville: 840 Duncan Ranch Road  
Salt Creek: 2710 Otay Lakes Road  
Veterans: 785 East Palomar Street  
3-7pm, Monday - Friday, 12-4pm Saturdays

Incomplete registrations (no birth certificate, no authorized signature, etc.) will NOT be processed until the individual clarifies the incomplete information. Individuals who do not complete the information within ten working days will be dropped from the program. Registration with no fee will be returned.

### Online Registration Is NOT Available!

Limited financial aid is available for qualified applicants. Request forms are available at ALL centers. Applications will be accepted through October 24, 2009.

**Make checks payable to: "City of Chula Vista"**  
**There are NO REFUNDS for this activity.**  
**NO EXCEPTIONS!**

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions should be directed to Steve Scott (619) 585-5739, 2710 Otay Lakes Rd, Chula Vista, CA 91915.

**YOUTH COED**

# BASKETBALL

## LEAGUE REGISTRATION FORM

**CITY OF  
CHULA VISTA****RECREATION  
DEPARTMENT**

### AGE DIVISIONS

- A Born 1996 - 1997 COED
- B Born 1998 - 1999 COED
- C Born 2000 - 2001 COED
- D Born 2002 - 2003 COED

### PLAYER EVALUATIONS

All players must attend the player evaluations.  
Each center will be conducting their own player evaluations and draft. Exact days/dates/times will be listed on your registration receipt when you register.

### PRACTICE DAYS/TIMES

Practices will begin the week of November 16 and will be held one to two times per week (Monday - Friday 4-8pm.) Schedule depends on the availability of the volunteer coaches.

### FOR MORE INFORMATION- PLEASE CALL

West Section:

Parkway – Frank Carson – 691-5083

Otay – James Northum – 476-5325

East Section:

Monteville – Shaun Ellis – 691-5269

Salt Creek – Steve Scott – 585-5739

Veterans – Tony Ramos – 691-5260

### GAME DATES

First Game: December 5

Last Game: February 12

Play-offs Begin: February 20 (except D Division)

Championship Games: March 6

### LEAGUE FEE

Registration is open to the inexperienced as well as the experienced player.

1st child: \$75 Resident / \$95 Non-Resident

2nd child or more: \$60 Resident / \$75 Non-Resident

### FILL OUT COMPLETELY - PLEASE PRINT

#### LEAGUE INFORMATION (Circle):

Division: A B C D

PARTICIPANT NAME	School	Male / Female
Parent's Name	Home Phone:	Work Phone:
ADDRESS	CITY	STATE ZIP
Emergency Contact Name:		Emergency Contact Phone:
Child's Date of Birth:     /     /	Child's Height:	Child's Weight: Fee Enclosed \$
Email Address:		
Parent/Guardian: Are you interested in managing a team? YES NO Your Name:		

### ACCIDENT WAIVER & RELEASE OF LIABILITY (AWRL)

Does the participant require special accommodations for a successful experience?

Yes \_\_\_\_\_ No \_\_\_\_\_

### READ, SIGN & DATE BELOW: (Unsigned waivers will cause your registration to be returned unprocessed.)

**IMPORTANT: A copy of each child's proof of age must be mailed with registration.**  
**If a copy has been submitted in the past, there is no need to send another.**



Persons with special needs are encouraged to participate in all programs.  
For assistance, please contact Carmel Wilson at 409-5800 two weeks in advance of the program.

I \_\_\_\_\_ (REGISTRANT), and I \_\_\_\_\_ \*(REGISTRANT'S parent or guardian),

acknowledge that this activity may be an extreme test of REGISTRANT's physical and mental limits and that it could result in death, injury and property loss. Risks may derive from terrain, facilities, water conditions, weather, condition of equipment, vehicular traffic, actions of others, lack of hydration, as well as other sources. I hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, has sufficiently trained for participation in this activity and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity holders, sponsors and organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activities. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, and the activity holders, sponsors, directors and volunteers, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the event holders, sponsors, directors and their agents or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's OR Parent/Guardian's Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*If the participant is under 18 years of age or legally incapacitated, the parent or guardian must also sign.

As a recipient of federal funds, the city of chula Vista cannot discriminate against anyone on the basis of race, color, sex, religion, national origin, age, mental or physical disability. If anyone believes he or she has been discriminated against, he or she may file a complaint alleging the discrimination with either the City of Chula Vista Recreation Department or the Office of Equal opportunity, US Department of the Interior, Washington, DC 20240.

OFFICE USE ONLY: Amount enclosed: \$ \_\_\_\_\_ Bank # \_\_\_\_\_ Check/Money Order # \_\_\_\_\_ City Receipt \_\_\_\_\_